ALTERNATE PICK-UP REQUEST FORM
<b>Emergency Food Assistance Program (EFAP</b>

ALTERNATE PICK-UP REQUEST FORM	EFAP MAXIMUM INCOME			
Emergency Food Assistance Program (EFAP)	HOUSEHOLD SIZE	MONTHLY HOUSEHOLD INCOME	ANNUAL HOUSEHOLD INCOME	
Date:	1	\$1,361	\$16,335	
	2	\$1,839	\$22,065	
<u>Authorization</u> :	3	\$2,316	\$27,795	
I hereby authorize, to pick up	4	\$2,794	\$33,525	
my United States Department of Agriculture Emergency Food Assistance Program (EFAP) commodities as I am unable to do so.		\$3,271	\$39,255	
Trogram (21711) commodities as Fam anable to do se.	6	\$3,749	\$44,985	
<u>Certification</u> :	7	\$4,226	\$50,715	
I certify under penalty of perjury that my household income for the past 30 days does not exceed the EFAP monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my		\$4,704	\$56,445	
		\$5,181	\$62,175	
household size is true and correct. Commodities are for my personal home use,	10	\$5,659	\$67,905	
not to be sold, traded, or given away.	Over 10	Add \$478 each	Add \$5,730 each	
			REVISED 4/11	
SIGNATURE ADDRESS	ZIP C	PE	JMBER OF EOPLE IN DUSEHOLD	
STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY			F SOCIAL SERVICES	
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REVISED 4/11

SIGNATURE	ADDRESS	NUMBER OF PEOPLE IN HOUSEHOLD